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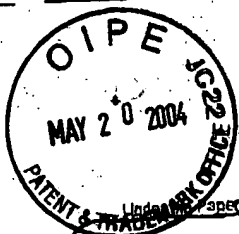
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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

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Application Number	10/035,047
Filing Date	December 27, 2001
First Named Inventor	David E. Winn
Title	Fuel Pump/Filter Integration
Art Unit	1723
Examiner Name	Matthew O. Savage
Attorney Docket Number	FED0013 (71024-582)

I hereby appoint:

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☐ Practitioner(s) named below:

Name	Registration Number

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	David E. Winn
Signature	<i>David E. Winn</i>
Date	5.18.04
Telephone	248 354-9924

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

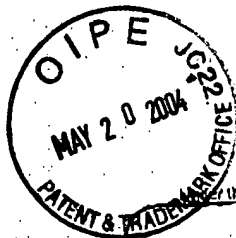
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PTO/SB/82 (05-03)  
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Application Number	10/035,047
Filing Date	December 27, 2001
First Named Inventor	David E. Winn
Art Unit	1723
Examiner Name	Matthew O. Savage
Attorney Docket Number	FED0013 (71024-682)

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name David E. Winn

Signature 

Date

5-18-04

Telephone

248 354 9924

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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